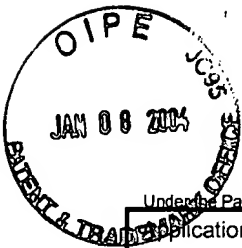


41

12712



PTO/SB/92 (05-03)

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Application No. (if known): 09/734637

Attorney Docket No.: 00306-00141-USU

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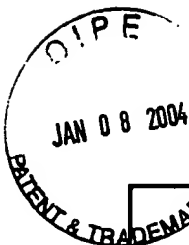
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Transmittal Form;
Fee Transmittal for FY 2004;
Petition For Extension Of Time;
Amendment;
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FORM**

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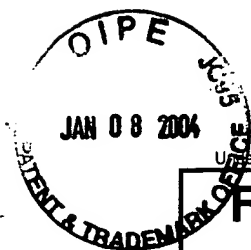
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/734637	
	Filing Date	December 12, 2003	
	First Named Inventor	Greg Volgas	
	Art Unit	N/A	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	1	Attorney Docket Number	00306-00141-USU

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TC 1700**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	CONNOLLY BOVE LODGE & HUTZ LLP Ashley I. Pezzner - 35,646
Signature	
Date	1/5/03



PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/734637
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	December 12, 2000
110.00		First Named Inventor	Greg Volgas
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	00306-00141-USU
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input type="checkbox"/> Deposit Account: Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP		Large Entity Small Entity	
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		Fee Description	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid	
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims ** =		Extra Claims Fee from below Fee Paid	
Independent Claims ** =			
Multiple Dependent			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		(Complete (if applicable))	
Name (Print/Type) Ashley I. Pezzner		Registration No. (Attorney/Agent) 35,646	
Signature Ashley I. Pezzner		Telephone (302) 658-9141	
		Date 1/5/03	